

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000066761

1. Entity Name  
FAMILY BEHAVIORAL CENTER, INC.



FILED

07 APR -2 AM 9:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA



03292007 Chg-P CR2E034 (12/06)

Principal Place of Business  
1170 HILLSBORO MILE  
SUITE 101  
HILLSBORO BEACH, FL 33062

Mailing Address  
1170 HILLSBORO MILE  
SUITE 101  
HILLSBORO BEACH, FL 33062

2. Principal Place of Business - No P.O. Box #  
5850 W. Atlantic Ave

3. Mailing Address  
5850 W. Atlantic Ave

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.  
101

City & State  
Delray Beach FL

City & State  
Delray Beach FL

4. FEI Number  
65-0619825

Applied For  
Not Applicable

Zip  
33484

Country  
USA

Zip  
33484

Country  
USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANEY, WILBER V ESQUIRE  
1050 SE 5TH AVE  
SUITE 133  
DELRAY BEACH, FL 33483

Name Vincent J. DeLalla

Street Address 1170 Hillsboro Mile

City Hillsboro Beach, FL 33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Vincent J. DeLalla Sec/Treas

March 28, 2007

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME DELALLA, ELLEN M  
STREET ADDRESS 1170 HILLSBORO MILE SUITE 101  
CITY-ST-ZIP HILLSBORO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS 300096010373  
CITY-ST-ZIP 04/06/07--01049--018 \*\*\$61.25

TITLE DST  
NAME BROWN, CHRISTINE M  
STREET ADDRESS 1109 LAKE DR  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS 300096010373  
CITY-ST-ZIP 04/06/07--01049--019 \*\*\$8.75

TITLE DST  
NAME DeLalla, Vincent J.  
STREET ADDRESS 1170 Hillsboro Mile  
CITY-ST-ZIP Hillsboro Beach, Fl 33062

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ellen M. DeLalla* Ellen M. DeLalla DP

3/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #